



MSOP RENEWAL APPLICATION

Revised (8/2003)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - CASHIER

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P.O. Box 7060

Indianapolis, IN 46206-7060

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Toll Free: 1-800-451-6027 x30178 (within Indiana)

Facsimile Number: (317) 232-6749

[Http://www.IN.gov/idem/air/permits/index.html](http://www.IN.gov/idem/air/permits/index.html)

Note:

- The MSOP expires five (5) years after the issuance date of the original permit.
- Please submit the following when applying for your MSOP renewal:
 - (1) MSOP Renewal Application (this form), plus two copies;
 - (2) Three copies of your original MSOP and TSD;
 - (3) Three copies of any notice only change or revision to your MSOP;
 - (4) A list of exempt activities that have been added, plus two copies; and
 - (5) A list of emission units that have been removed, plus two copies.
- Public notice requirements apply to all MSOP renewal applicants. See MSOP renewal instructions for details.
- **If you are submitting confidential information, see MSOP renewal application instructions for details on how to submit this information.**
- MSOP renewal information is available online at <http://www.in.gov/idem/air/permits/apps/msopren/index.html>

FOR OFFICE USE ONLY

PERMIT NUMBER:

DATE APPLICATION WAS RECEIVED:

Tax ID Number:

PART A: GENERAL SOURCE INFORMATION

1. Date application is submitted (*mm/dd/year*): _____

2. Are you submitting any confidential information with this application?

☐ Yes*

☐ No

* If yes, refer to the MSOP renewal instructions for details on submission of confidential information.

3. Source name:

4. Source ID:

5. Source location address (*number and street*):

City:

State:

ZIP Code:

6. County Name:

7. Source mailing address (if different from source location address) (*number and street*):

City:

State:

ZIP Code:

8. Contact person name (*first, last*)¹:

9. Contact person telephone number:

10. Contact person fax number (*optional*):

11. Contact person electronic mail address (*optional*):

12. Has the source submitted a Risk Management Plan (RMP)?:

☐ Yes*

Date submitted (*mm/dd/year*): _____

☐ No

*If yes, provide the date the RMP was submitted in the corresponding blank.

13. Does this application contain any new construction?:

☐ Yes

☐ No

14. Did the source undergo any changes, that have not received approval prior to construction or operation (*check yes or no*)?

☐ Yes**

☐ No***

** If yes, complete item #39

*** If no, omit item #39

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¹ A contact person at the source must be provided, even if a consultant is handling the application.

PART B: SOURCE LOCATION

15. Longitude of source:		16. Latitude of source:	
17. UTM Coordinates of source (<i>if known</i>):			
Zone:	Horizontal:	Vertical:	

PART C: OWNER INFORMATION

18. Owner company name:			
19. Mailing address (<i>number and street</i>):			
City:	State:	ZIP Code:	20. Telephone number:

PART D: AGENT INFORMATION

21. Name of agent :			
22. Name of agent contact person (<i>first, last</i>):			
23. Mailing address (<i>number and street</i>):			
City:	State:	ZIP Code:	24. Telephone number:
25. Electronic mail address (<i>optional</i>):		26. Fascimile number (<i>optional</i>):	
27. Request for follow-up: Does the "Agent" wish to receive a copy of the preliminary findings during the public notice period (if applicable) and a copy of the final determination? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PART E: OPERATOR INFORMATION (if different from owner)

28. Does the owner company operate the source(s) to which this application applies? (<i>check yes or no</i>):		** If yes, omit items #29-#33 and proceed to item #34 in Part F. *** If no, then fill out items #29-#33 below.
<input type="checkbox"/> Yes** <input type="checkbox"/> No***		
29. Operator company name:		
30. Mailing address (<i>number and street</i>):		
City:	State:	ZIP Code:
31. Contact person name (<i>first, last</i>):		
32. Contact person telephone number:	33. Contact person fax number (<i>optional</i>):	

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PART F: LIBRARY LOCATION

For the items below, provide the location of the library where the copy of your application with attachments was placed. You must choose the library within the same county.

34. Library name:

35. Mailing address (*number and street*):

City:

State:

ZIP Code:

36. Telephone number:

PART G: EPA AREA DESIGNATION

37. EPA Area Designation (*check applicable designation for each pollutant*):

DESIGNATION		Ozone	CO	PM ₁₀	SO ₂	Lead
Attainment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unclassifiable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonattainment	Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Marginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART H: PLANT DESCRIPTION

38. List all processes and products for normal operation of the source (Attach additional sheets if required):

SIC Code	NAICS Code	Process	Products
a.			
b.			
c.			
d.			
e.			

39. List all unpermitted changes to the source (Attach additional sheets if required):

Emissions Unit Id	Type of Change	Actual Dates		
		Began construction	Completed Construction	Began Operation
a.				
b.				
c.				
d.				
e.				

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PART I: AUTHORIZED INDIVIDUAL

40. Name (<i>first, last</i>):		
41. Title:		
42. Mailing address (<i>number and street</i>):		
City:	State:	ZIP Code:
43. Telephone number:	44. Fax number (<i>optional</i>):	

PART J: CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS

45. NOTE: This certification must be signed by an authorized individual (see instructions). Applications without a signed certification will be returned as incomplete.

I certify under penalty of law, based on information and belief formed after reasonable inquiry,

- a) that the statements and information contained in this application are true, accurate, and complete; and
- b) that the source(s) to which this application applies, has not changed from the initial permit issuance or that all modifications (excluding those listed in item #39 in Part G of this application) to the source have been reviewed and approved in accordance with the Minor Source Operating Program of Indiana.

Name (*typed*)

Title

Signature

Date

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PART J: COMPLETENESS CHECKLIST

COMPLETENESS CHECKLIST ²	INFORMATION PROVIDED	NOT APPLICABLE
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1)	Two copies of your completed MSOP renewal application form along with this original.		<input type="checkbox"/>	<input type="checkbox"/>
2)	Three copies of your original MSOP		<input type="checkbox"/>	<input type="checkbox"/>
	Provide MSOP Number:			
3)	Three copies of your MSOP TSD		<input type="checkbox"/>	<input type="checkbox"/>
4)	Three copies of any Notice Only Change:		<input type="checkbox"/>	<input type="checkbox"/>
	⇒ List Notice Only Change Numbers Below:			
	a.	b.		
	c.	d.		
	e.	f.		
	g.	h.		
	i.	j.		
5)	Three copies of any MSOP permit revisions		<input type="checkbox"/>	<input type="checkbox"/>
	⇒ List MSOP Revision Numbers Below:			
	a.	b.		
	c.	d.		
	e.	f.		
	g.	h.		
	i.	j.		
6)	List of exempt activities that have been added, plus two copies		<input type="checkbox"/>	<input type="checkbox"/>
7)	List of emission units that have been removed, plus two copies		<input type="checkbox"/>	<input type="checkbox"/>
8)	The authorized individual has certified the application		<input type="checkbox"/>	<input type="checkbox"/>

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